

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-1-0000232065
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 09/01/20
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 6433 - Carlsbad: 11640 US Hwy 87 N HEALTH & HUMAN SERVICES COMMISSION 11640 US Hwy 87 N 11640 N US Hwy 87 Carlsbad TX 76934 United States

Vendor: 1752261471 2
MIDWEST DENTAL EQUIPMENT & SUPPLY
DBA MIDWEST DENTAL EQUIPMENT & SUPPLY
PO BOX 4802
WICHITA FALLS TX 763080802
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
2501 Maple St
P O Box 451
Abilene TX 79602
United States

Fax: 325/795-3807

Purchaser: Ender, Katrinia 512/406-2428

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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Terms and Conditions are attached.

Contract Term: 09/01/2020 to 08/31/2022, with one (1) two-year renewal options.
Purchase Order Term: 09/01/2020 to 08/31/2021

This order issued in accordance with bid solicitation HHS0007983 response received on 06/11/2020 from Tammy Campbell with Midwest Dental Equipment Supply.

Services are to be performed in accordance to agency scope of work which has been provided to vendor.

Confirmation Order Do Not Duplicate

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Vendor Contact: Tammy Campbell
Phone: (940) 322-4592
Email: tammy.campbell@midwestdental.com

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Agency Contact: Ida Montez
Phone: (325) 465-2202
EMAIL: ida.montez@hhsc.state.tx.us

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HHSC Purchasing Contact: Katrinia Ender
Phone: (512) 406-2428
Email: katrinia.ender@hhsc.state.tx.us

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CPA Procurement Manual, pg 2, Section 2.58 BLANKET PURCHASE AGREEMENT - Services ordered as needed.

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HHSC or the agency does not commit to ordering specific quantities of service/goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those services actually ordered and received by the agency. Any funds not utilized are automatically cancelled.

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This procurement is a competitive purchase for services/goods to be ordered as needed by the agency the contract term total expenditures cannot exceed \$100,000.00.

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This contract is contingent upon the continued availability of lawful appropriations by the Texas Legislature.

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Client Purchase/Stock BEST VALUE
PCC OM/S Requisition # 0000117423

1-1	FY21 Dental Equipment Repair and	938-24	1.00	LOT	9900.00000	\$9,900.00	09/01/2020
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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	Maintenance Services for San Angelo State Supported Living Center						
Schedule Total						\$9,900.00	
Contract_ID:	HHS000798300001	Contract Line:	0	Release:	1		
Item Total for Line 1						\$9,900.00	
Total PO Amount						\$9,900.00	

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

Authorized By

Katrinia Ender, GPM

06/12/2020